

**CLAIMS ONLY**

Application Number	Filing Date
--------------------	-------------

Applicant(s)

• May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9	/						59			
10		/					60			
11		/					61			
12	/						62			
13	/						63			
14		/					64			
15		/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21	/						71			
22		/					72			
23		/					73			
24	/						74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			